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**Let me in! A comment on insider research from an outsider's perspective.**

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## **Abstract.**

This issue of EJPC foregrounds the work of insider researchers investigating clinical practice in an array of contexts including one to one work with trauma, group work with those who have been abused, adoptive family work and work with a home treatment team and inpatient team. In this comment piece, I consider the papers from an outsider's perspective and apply a quality lens to gain a surer hold of what the papers can offer. I've highlighted the rich resonance of many of the accounts, but also the specialist language in which most are written, and the lack of space for discussion of the process of research or analysis of data conducted. I argue that this creates barriers in the way of these papers being consumed, understood, and applied by a wider audience, which may mean that the impact and implications of the work are not fully realised.

Key Words. Insider research, qualitative inquiry, quality criteria, accessibility of research

## **Positioning myself as an outsider**

As a qualitative researcher I set much importance on the explicit positioning of the researcher, taking a reflexive stance from which to set the context of the research which follows. In order to practice what I preach, I thought it would be equally relevant in a comment piece like this one to say a little about me and where I'm coming from in order to fully situate the remarks which follow. To start, I feel something of an outsider to this journal: I am a clinical psychologist, but I'm not currently engaged in clinical practice in an adult mental health setting, and the qualitative research I have conducted has been explorations of experience in physical health settings rather than the examination of an element of my clinical practice. I also position myself as an outsider to some of the methodologies discussed in the five papers; I haven't taken a psychodynamic or action research perspective to my own research, and so feel somewhat naïve to both approaches. I'm writing this as 2016 draws to a close, an extraordinary year in many ways, and one which has left me with a strong sense of the growing division between insiders and outsiders, and what it feels like to be positioned in the minority. It's made me realise the importance of engaging, of entering debate, of getting a different perspective across, and doing so in a non-specialist forum in order to influence public debate. The response that follows I believe has been informed by all these facets of my experience.

## **The insider approach**

Four of the five papers come from an ‘insider researcher’ perspective, examining the clinical work or context of the researchers themselves. It was fascinating to get a snap shot of four clinicians working using psychodynamic, systemic and narrative means in an array of different contexts including one to one work with trauma, group work with those who have been abused, adoptive family work and work with a home treatment team. Each has used innovative and inventive research methods in their attempt to gain a meaningful and in-depth insight into some aspect of their or their team’s practice. Without meaning to patronise, I think this is a huge achievement in itself. I know how incredibly hard it is to weave a research element into my clinical practice, and yet these clinicians have found the time and can now present some of what they found to a wider audience. In our era of evidence based practice, ensuring that accounts of work not so easily able to be submitted to traditional outcome measures have a voice seems incredibly important.

The fifth paper is not written by a member of the clinical team, but presents a psychodynamic analysis of a mental health service observed over a year. However, I think it shares the broad aim of better understanding the workings of an aspect of clinical practice.

## **Finding my way in**

All the papers present detailed, nuanced analyses, and are complex and specialist in their language, at times prohibitively so for someone in the outsider position I inhabit. This made it difficult for me to make a comment on the value of the papers, particularly in areas which were further from my own practice or expertise. I therefore decided to apply an external structure in the form of Tracey’s (2010) eight markers of high quality in qualitative methodological research to get more of a grip on what these papers can say or contribute. These 8 markers include (a) a worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence. They demand much of the researcher and, it could be argued, leave little room for the inevitability of ‘getting lost’ (from victimhood to sisterhood) in the complexity of roles, aims and practices explicit in insider, clinically focused research. I take this point, but Tracey’s criteria are designed to be applied flexibly and sensitively, to incorporate the ‘big tent’ diversity of the array of qualitative research methods used today. And rather than applying a straight-

jacket to the vivid accounts in these papers, I hope they are one way to highlight what the papers do brilliantly, as well as to offer some suggestions for what they could do even better.

### **Applying a quality lens**

Below I've talked about each paper in turn, highlighting for each the quality markers that seem pertinent.

#### **'Not dead... abandoned'.**

This paper presents a clinical case study of psychodynamic work over a 12 month period conducted with a veteran with symptoms of significant trauma. The work ends prematurely due to the client's withdrawal from treatment. The researcher states that their aim in presenting the case study is to examine 'some key relational processes' with a particular focus on understanding the ending of therapy. A significant portion of the paper is focused on giving a detailed theoretical account of the psychoanalytic concepts which informed the work. This was very complex, and not entirely accessible to me as someone with only a cursory training in psychodynamic theory and practice. This was followed by a formulation and then a chronological account of the work undertaken. This was fascinating- a rich and moving account of the progress and difficulties encountered in working with a man deeply traumatised by his past and struggling to keep going in his life. I felt real empathy for both the practitioner and client, and found myself relating it back to similar cases in my own clinical practice. Tracey uses the term resonance to capture this ability of a qualitative paper to move the reader, with my application of the material back to my experience an example of naturalistic generalisation (Stake and Trumbull, 1982) which can occur when qualitative research generates this personal feeling of knowing and experiencing.

In prioritising the rich description of the work, there were other markers of quality which were less centred. The paper lacked a consistent rigour- there was much depth and richness to the theoretical underpinnings, but only brief details of the data collection and analysis strategy. The researcher states that a psychoanalytically informed deductive thematic analysis was conducted, and we know that process notes, supervision and self-reflection were data points, but no detail is given of how an analysis was conducted, or what themes emerged. I believe that by prioritising the clinical frame rather than the research frame, the analysis that

was conducted was lost in the write up. This was problematic for me as it meant the account lacked transparency, which impacted another quality criterion, that of credibility. Without already having an in-depth understanding of psychodynamic practice, I was not willing or able to accept fully the interpretations offered, without the 'back up' of rigour in the analytic process, which left me unconvinced by the conclusions drawn.

To summarise, it seemed to me that the insider researcher frame gave the work a deep resonance, but also meant that it was pitched at quite a specialist level, with clinical material taking precedence over research material. This limited the paper's contribution - resonance alone is unlikely to change practice, resonance with rigour and credibility has more of a chance.

### **A shift in narratives.**

This single case study provides a qualitative evaluation of a non-attachment based short term therapy with the goal to 'promote and strengthen mutual belonging in adoptive families'. The approach was developed by the authors based on their clinical practice over 15 years in the field of adoption. The first of the markers of quality in qualitative research referred to by Tracey is that of having a worthy topic of research. This paper certainly hits this marker for me: it seems only logical that innovation in practice should emerge first and foremost from clinicians who have lived and breathed the field, and that research should then test out these innovations. The researcher's goal to examine family discourses, see how these changed over time, and how the therapist influenced this change seems a clear first step to gain an in-depth understanding of the impact of this new approach to family work.

The method itself is very briefly introduced, stating that Stratton's (2003a, 2003b) attribution scheme and unitizing coding system for causal attributions will be used. No explanation of what this is or how data were gathered and analysed is given. Similar to the first paper, this compromised the results presented as the process to get there was not transparent, thus lacking rigour. The paper goes on to give an interesting account of the process of therapy as it unfolded over the year, framing this by the attributions of family members and the interventions of the therapists. It's unclear from the account if these therapists were the researchers themselves. Space may have precluded a self-reflexive voice, which would have

better met the marker of sincerity in qualitative research. Use of verbatim text from the therapy sessions was very useful in illustrating the causal attributions. Interpretations are offered to demonstrate the way in which attributions shifted over time, but without an in-depth understanding of the Stratton method, the marker of credibility was not quite met for me.

I feel quite mean in writing this critique, because as you will see as reader of this paper, the approach seemed to be really impactful, leading to long term change for the family, and understandably, the authors prioritised the telling of this story over the more technical details of how they carried out the analysis. But, again, as an outsider who doesn't know the hows and whys, it makes it very difficult to judge what one can take from the work.

### **The impact of professional role on working with risk in a home treatment team.**

This paper considers staff experience of working with risk in a home treatment team. The researchers report holding a series of focus groups, including the majority of the clinical team, before an Interpretative Phenomenological Analysis (IPA) was conducted to identify pertinent themes. The detail reported here supported the marker of rigour in data collection, but little information about the data analysis is included, simply stating that a 'conventional' IPA coding strategy was followed. It is therefore difficult to know the rigour of the analytic process. Such an interpretative analysis is at its foundation influenced by the researchers' position, but this was left a little under explored. I wasn't clear what role both researchers played in the team, and what particular lens this may have lent to the research aims, process and analysis. Some self-reflexive comment is considered at the end in terms of the difficulty to one researcher of identifying a theme potentially critical to their team, but without this woven throughout, the marker of 'sincerity' was only partially met.

In combination, the credibility of the emerging themes were somewhat compromised. Despite this, the theme presented, that of 'professional role and responsibility', had immediate resonance for me, and there was an 'aha' moment as I related to the double bind of the constraints of professional role, with the responsibilities this entailed. I felt intuitively that this could be applied to other teams that I have worked in, and could go some way to help understand the phenomenon of high burnout rates in mental health teams (Morse, Salyers,

Rollins, Monroe-DeVita & Pfahler, 2012). It made me turn to literature on the implicit psychological contract (George, 2009) between staff and the organisation and how and why this is constructed and maintained. I certainly thought there was the opportunity here for the work to make a significant contribution to understanding and changing staff experience of work with risk. Perhaps because of the insider frame, the authors focused more on what it meant for their particular team rather than fitting findings into a larger theoretical frame or drawing out the wider implications- this felt like a lost opportunity to me.

### **Critical incidence in mental health units**

This is the only paper which is not conducted by an insider researcher, but instead forms part of a wider study conducted for a PhD. This paper focuses in on critical incidents in mental health units in an Irish public mental health service. A combination of observation and interviews are used to gather data over the course of a year. A psychodynamic/ Lacanian framework is then utilised to analyse 5 critical incidents, highlighting a failure to manage overwhelming levels of anxiety and to work with transference as being culpable in such incidents arising and in the restrictive management strategies imposed.

There was rigour in the theoretical underpinnings and multiple sources for data collection, and an interesting discussion of the lens of psychoanalysis used to frame the research, which was helpful to contextualise what came next. However, as was the case for all three studies above, it was hard for me to understand fully and get underneath the skin of the analysis and presentation of results. Perhaps much of this is my lack of familiarity with psychodynamic research methods, but without greater description of the process or verification procedures undertaken, there was little transparency for me on how the incidents presented were selected and analysed. The in-depth detail given of each incident supported the resonance of the account, but a self-reflexive voice from the researcher would have helped here to see how the reporting of these incidents may have been impacted by the researcher's position. The interpretation which follows is fascinating, looking at the role of transference in acting out incidents. This was mainly 'told' rather than 'shown' to the reader, so although there was some face credibility, I certainly felt that understandings from a different lens seemed equally plausible. Some interesting implications and suggestions for service improvement are raised, but the inaccessibility of the account overall to a non-specialist reader may make it difficult to implement. I felt that further 'translation' is needed, with greater focus on showing the reader how the account holds credibility.



## **From victimhood to sisterhood part II**

The paper is a more reflective piece, looking back on research undertaken with women who had experienced sexual abuse. The author describes the research focus on how women had 'gone on' following the completion of a systemic group facilitated by the researcher, grounding this in the Coordinated Management of Meaning model to support such a focus to 'co-create better social worlds'. The author describes how the research allowed a 'talking again' conversational inquiry which enabled new stories to emerge for the women about being part of the group, and for the author as facilitator of that group, thus positioning research as a 'transformative practice' for those involved. There was a real rigour in the depth of context, theoretical positioning and research process presented, allowing me to enter the world of the research. Far less information and 'guidance' is provided on the actual process of analysis undertaken or on the detail of the results of that analysis, but as primarily a reflective piece, this felt appropriate.

The paper talks directly to the insider research frame and the way in which this can make inevitable bias more visible, and getting lost a part of the journey. It also holds a reflexive stance throughout, holding a dual lens of both reporting findings from the research, and at the same time reflecting on the doing of that research. For this reason, for me the paper is a gold standard for the reporting of the quality marker of sincerity, the researcher being honest and open about their own position and influence on the research taking place, allowing the researcher's journey to become an explicit and fascinating part of the story.

The paper goes on to reflect on the role of research as concerned with social justice, being part of a collective and creating the possibility of social transformation, as well as reflecting on issues of neutrality and the power of the researcher. These ideas are illustrated in the text by the stories of developing community that came out of the group, giving direct quotations and details of the women's lives to talk to the transformative impact of this kind of insider research. The telling of these stories was deeply resonant but also credible, as the co-creation of the narrative with the research participants was evident throughout.

This paper was better able to meet many of the quality markers that were de-centered by the reporting of clinical content in the other papers. It's important to point out however, that this paper was a companion piece to an earlier account (Salter, 2015) published in this journal. Much of the heavy work of the reporting of the content of research was therefore already

completed, allowing the possibility of opening up other aspects of the work more fully. This makes me think about the word constraints of journals and whether this is fair and reasonable for the reporting of qualitative work. This journal advises authors to submit papers no greater than 5000 words and states 'Manuscripts that greatly exceed this will be critically reviewed with respect to length'. Is this fair or a legacy of a reporting system suited for quantitative papers? Is conciseness always best? Certainly not in the case of Salter's paper.

### **Why let outsiders in?**

In reviewing the papers through the lens of quality that I've utilised above, one thing that emerged for me was the emphasis most gave to providing resonant accounts, full of rich, vivid content. The only paper that didn't do this was the one explicitly positioned as a reflection on the research process, and so without the need to include this content so fully. I'd argue that this resonance is a fundamental marker, and one that I wonder is particularly emphasised by insider researchers, where the whole reason for embarking on research is to shed more light on a clinical concern. This is also the bit so often missing from quantitative papers- it's much harder to be moved by numbers.

But my assertion is that some of the papers raised resonance without the more staid markers of rigour and sincerity being equally prioritised. This is not problematic if you are already within the world of the researcher, and if you already have an in-depth understanding of the methods used or the clinical approach utilised. But I believe that it is a problem if you're an outsider to these worlds. On my first reading of the papers, I blamed myself, feeling culpable for my difficulty in accessing the material, feeling my relative inexperience as a researcher would be plain to see- and perhaps it is. But as much as I'm inexperienced and non-specialist, so are the majority of the potential readers of these papers. If there are barriers in the way of these papers being consumed, understood, and applied by a wider audience, then doesn't it mean that the chances of the work being heard are reduced, limiting the contribution they can make?

I think my focus on accessibility talks to the current climate in which we find ourselves at the end of 2016. There is no longer the comfort of assuming that others will think like I do, that the march of a liberal and open democracy will continue necessarily ad infinitum. In such a climate it seems so important that we engage with outsiders, ensuring we are not just talking to other insiders of our own field who will see and get what we mean. I realise this is a very

big point to make, and it is hardly the responsibility of hard working qualitative clinician/researchers that the world has turned a worrying corner, but I do think the macro context should have relevance to all of our practices. In an age where the expert is down valued, or mistrusted, don't we have to do more to reach out? As Tracey (2010) states in her commentary on quality in qualitative research, 'part of making scholarship powerful is talking in ways that are appreciated by a variety of audiences' (p. 838). Does this inevitably mean a 'dumbing down' of researchers' work? I don't think so, there's a difference between being transparent and accessible and being simplistic (Reicher & Haslam, 2017). I believe that as long as researchers focus on talking only to others intimately connected to their worlds, the impact and implications of their work will not be fully realised.

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